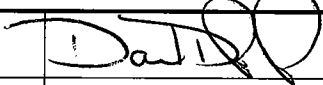


<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/672,239											
	Filing Date	09/25/2003											
	First Named Inventor	Daniel DARST											
	Title	PILL BOX SPLITTER WITH BLADE GUARD											
	Art Unit	3724											
	Examiner Name	Omar FLORES SANCHEZ											
	Attorney Docket Number	026277-000100US											
I hereby revoke all previous powers of attorney given in the above-identified application.													
I hereby appoint:													
<input checked="" type="checkbox"/> Practitioners associated with the Customer Number:		20350											
OR													
<input type="checkbox"/> Practitioner(s) named below:													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Name	Registration Number										
Name	Registration Number												
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.													
Please recognize or change the correspondence address for the above-identified application to:													
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number:													
OR													
<input type="checkbox"/> The address associated with Customer Number:													
OR													
<input type="checkbox"/> Firm or Individual Name													
Address													
City	State	Zip											
Country													
Telephone	Email												
I am the:													
<input type="checkbox"/> Applicant/Inventor													
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).													
<b>SIGNATURE of Applicant or Assignee of Record</b>													
Signature			Date										
Name	David Fravel		Telephone (816) 781-5148										
Title and Company	Vice President, Marketing												
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.													
<input checked="" type="checkbox"/> *Total of <u>2</u> forms are submitted.													